

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-024020**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **236**

Primary Registration District No. **4352**

Registrar's No. **34**

**FILED JUN 19 1962**

VS 300  
Rev. 4/59

**6710**

**26710**

**3**

**4 1**

**5 2**

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**7 1**

**8 2**

**9420.1**

**10**

**11**

**12 90-0**

**13 2-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Versailles</b>		c. CITY OR TOWN <b>Versailles</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>413 McHair</b>		d. STREET ADDRESS (If outside, give location) <b>413 E. McHair</b>	
3. NAME OF DECEASED (Type or print) First <b>Myra</b> Middle <b>Hecox</b> Last <b>Medicus</b>		4. DATE OF DEATH Month <b>June</b> Day <b>9</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-21-1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Librarian</b>		11. BIRTHPLACE (City and state or country) <b>Hot Springs, Ark.</b>	
13a. FATHER'S NAME <b>Henry Hecox</b>		14. NAME OF HUSBAND OR WIFE <b>B. L. Medicus</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Mrs Hazel Lee Abilene, Texas</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, Generalized</b> DUE TO (c) <b>Obesity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b> <b>years</b> <b>years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>6</b> a.m. <b>9</b> p.m. <b>62</b> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from <b>6-9-62</b> , to <b>6-9-62</b> and last saw him alive on <b>6-9-62</b> Death occurred at <b>108 - m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Ray Lyle, M.D.</b> (Degree or title)		22b. ADDRESS <b>Versailles, Mo.</b>	
22c. DATE SIGNED <b>6-11-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>12 June 62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Versailles Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Versailles, Mo.</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Kidwell Funeral Home Versailles, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-12-62</b>	
26. REGISTRAR'S SIGNATURE <b>JL Washburn</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 26 1962

FEB 8 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond C. Lorber

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.